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referred to the Defense Manpower Data Center.**

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| DEERS/Medical Implementation Plan | | |
| Business Rules: Eligibility Inquiry for Enrollment | | |
| | | |
| Event and | Data | |
| Data Flow | Type | |
| | 0=Optional | |
| | R=Required | |
| | | |
| <u>Eligibility Inquiry for Enrollment Response</u> | | |
| <u>Current Subscriber Information</u> | | |
| DEERS Identifier | | |
| Person Identifier | | |
| Person Identifier Type Code | | |
| Personnel Category Code | | |
| Service Code | | |
| Pay Plan Code | | |
| Pay Grade Code | | |
| Pay Grade Date | | |
| Rank Code | | |
| Person Death Date | | |
| Unit Identification Code | | |
| Work Location Country Code | | |
| Work Location Postal Region Zip Code | | |
| Work Location Postal Reg Zip Extension Code | | |
| Person Last Name | | |
| Person First Name | | |
| Person Middle Name | | |
| Person Cadency Name | | |
| Person Birth Date | | |
| Person Sex Code | | |
| Mailing Address Date | | |
| Mailing Address Line 1 Text | | |
| Mailing Address Line 2 Text | | |
| Mailing Address City Name | | |
| Mailing Address State Code | | |
| Mailing Address Country Code | | |
| Mailing Address Postal Region Zip Code | | |
| Mailing Address Postal Region Zip Extension Code | | |
| Home Telephone Number Code | | |
| Work Telephone Number Code | | |
| Fax Telephone Number Code | | |
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| DEERS/Medical Implementation Plan | |
|---|------------|
| Business Rules: Eligibility Inquiry for Enrollment | |
| Event and Data Flow | Data Type |
| | 0=Optional |
| | R=Required |
| <u>Coverage Plan Enrollment Information:</u> | |
| HCDP Plan Coverage Code | |
| HCDP Enrollment Fee Payment Calendar Date | |
| HCDP Enrollment Fee Payment Paid-Through Calendar Date | |
| HCDP Enrollment Fee Payment Plan Type Code | |
| HCDP Enrollment Fee Payment Total Dollar Amount | |
| HCDP Enrollment Fee Status Code | |
| Family Prime Enrollment Anniversary Calendar Date | |
| | |
| <u>Family Claims Totals:</u> | |
| Family Fiscal Year Catastrophic Cap Cumulative Amount | |
| Fiscal Year Code | |
| Family Prime Enrollment Year Catastrophic Cap Cumulative Amount | |
| Family Prime Enrollment Anniversary Calendar Date | |
| | |
| <u>Insured Information</u> | |
| DEERS Identifier | |
| Person Association Reason Code | |
| Person Association Begin Date | |
| Person Association End Date | |
| Person Identifier | |
| Person Identifier Type Code | |
| Person Last Name | |
| Person First Name | |
| Person Middle Name | |
| Person Cadency Name | |
| Person Birth Date | |
| Person Sex Code | |
| Mailing Address Date | |
| Mailing Address Line 1 Text | |
| Mailing Address Line 2 Text | |
| Mailing Address City Name | |
| Mailing Address State Code | |
| Mailing Address Country Code | |
| Mailing Address Postal Region Zip Code | |
| Mailing Address Postal Region Zip Extension Code | |
| Home Telephone Number Code | |
| Work Telephone Number Code | |
| Fax Telephone Number Code | |
| | |
| <u>HCDP Information:</u> | |
| HCDP Type Code | |
| HCDP Plan Coverage Code | |
| HCDP Begin Calendar Date | |
| HCDP End Calendar Date | |

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|---|-------------|--|
| DEERS/Medical Implementation Plan | | |
| Business Rules: Eligibility Inquiry for Enrollment | | |
| | | |
| Event and | Data | |
| Data Flow | Type | |
| | 0=Optional | |
| | R=Required | |
| HCDP End Reason Code | | |
| <u>Enrollment Information:</u> | | |
| HCDP Enrollment Management System Name | | |
| HCDP Enrollment Begin Calendar Date | | |
| HCDP Enrollment End Calendar Date | | |
| HCDP Enrollment End Reason Code | | |
| HCDP Individual Enrollment Fee Waiver Reason Code | | |
| <u>PCM Information:</u> | | |
| PCM Region Identifier | | |
| PCM Network Provider Type Code | | |
| PCM Enrolling Division DMIS Identifier | | |
| PCM Identifier | | |
| PCM Identifier Type Code | | |
| PCM Name | | |
| PCM Telephone Number Code | | |
| PCM Selection Begin Calendar Date | | |
| PCM Selection End Calendar Date | | |
| PCM Selection End Reason Code | | |
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|---|-------------|--|
| DEERS/Medical Implementation Plan | | |
| Business Rules: Eligibility Inquiry for Enrollment | | |
| | | |
| Event and | Data | |
| Data Flow | Type | |
| | 0=Optional | |
| | R=Required | |
| | | |
| <u>OHI</u> | | |
| OHI Carrier Identifier | | |
| OHI Policy Identifier | | |
| OHI Effective Calendar Date | | |
| OHI Expiration Calendar Date | | |
| OHI Last Update Calendar Date | | |
| OHI Last Update System Name | | |
| OHI Medical Coverage Indicator Code | | |
| OHI Dental Coverage Indicator Code | | |
| OHI Inpatient Hospital Coverage Indicator Code | | |
| OHI Outpatient Hospital Coverage Indicator Code | | |
| OHI Long Term Care Coverage Indicator Code | | |
| OHI Pharmacy Coverage Indicator Code | | |
| OHI Mental Health Coverage Indicator Code | | |
| OHI Vision Coverage Indicator Code | | |
| | | |
| <u>OGP</u> | | |
| OGP Type Code | | |
| OGP Begin Reason Code | | |
| OGP Effective Calendar Date | | |
| OGP Expiration Calendar Date | | |
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| Business Rules | Who Enforces the Rules | |
|---|------------------------|--------|
| | C=CHCS | M=MCSC |
| | D=DEERS | |
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| An Eligibility Inquiry is used for Eligibility for Enrollment only. | | |
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| General Eligibility Comments: | | |
| Both person and family eligibility inquiries may be made | | |
| Eligibility for Enrollment inquiries will only show the current Coverage history. | | |
| If the enrollment started within the last annual year, | | |
| then the enrollment segment will be returned as part of an | | |
| Eligibility for Enrollment inquiry. | | |
| If the enrollment was not started within the last annual year, | | |
| then the assigned coverage segment will be returned as part of an | | |
| Eligibility for Enrollment inquiry. | | |
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| | | |
| Required if no DEERS Identifier | | |
| Required if a family inquiry is selected | | |
| Required if no DEERS Identifier | | |
| Required if no DEERS Identifier | | |
| | | |
| Optional, but recommend to insure correct person identification | | |
| | | |
| Optional, but recommend to insure correct person identification | | |
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| DEERS Identifier required if there is no Person info | | |
| | | |
| This value will be Health Care | | |
| Current date or up to 6 months in the future | | |
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| DEERS/Medical Implementation Plan | | |
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| Business Rules: Coverage Inquiry for MTF | | |
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| Event and Data Flow | | Data Type |
| | | O=Optional |
| | | S=Situational |
| | | R=Required |
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| Coverage Inquiry for MTF | | |
| Person/Family Transaction Type Code | | R |
| Person Type Code | | S |
| Inquiry Person Identifier | | R |
| Person Identifier Type Code | | R |
| Person Last Name | | O |
| Person Birth Date | | O |
| OR | | |
| Patient Identifier | | R |
| AND | | |
| HCDP Type Code | | R |
| Health Care Coverage Inquiry Begin Calendar Date | | R |
| Health Care Coverage Inquiry End Calendar Date | | R |
| | | |
| | | |
| Coverage Inquiry for MTF Response | | |
| <u>Current Sponsor Info:</u> | | |
| Patient Identifier | | |
| Person Identifier | | |
| Person Identifier Type Code | | |
| Personnel Category Code | | |
| Service Code | | |
| Pay Plan Code | | |
| Pay Grade Code | | |
| Pay Grade Date | | |
| Rank Code | | |
| Person Death Date | | |
| Unit Identification Code | | |
| Work Location Country Code | | |
| Work Location Postal Region Zip Code | | |
| Work Location Postal Region Zip Extension Code | | |

| DEERS/Medical Implementation Plan | |
|---|---------------|
| Business Rules: Coverage Inquiry for Claims Witho | |
| | |
| Event and Data Flow | Data Type |
| | 0=Optional |
| | S=Situational |
| | R=Required |
| Inquiry | |
| Person/Family Transaction Type Code | R |
| Person Type Code | S |
| Inquiry Person Identifier | R |
| Person Identifier Type Code | R |
| Person Last Name | O |
| Person Birthdate | O |
| HCDP Type Code | R |
| Health Care Coverage Inquiry Begin Calendar Date | R |
| Health Care Coverage Inquiry End Calendar Date | R |
| <u>Totals and Locking Option:</u> | |
| Catastrophic Cap/ Deductible Totals/ Lock Inquiry Type Code | R |
| Response | |
| <u>Sponsor Information:</u> | |
| DEERS Identifier | |
| Person Identifier | |
| Person Identifier Type Code | |
| Person Last Name | |
| Person First Name | |
| Person Middle Name | |
| Person Cadency Name | |
| Person Birth Date | |
| Person Sex Code | |
| Person Death Date | |
| <u>Family Member Information:</u> | |
| DEERS Identifier | |
| Person Identifier | |
| Person Identifier Type Code | |
| Person Last Name | |
| Person First Name | |
| Person Middle Name | |
| Person Cadency Name | |
| Person Birth Date | |
| Person Sex Code | |
| Mailing Address Date | |
| Mailing Address Line 1 Text | |
| Mailing Address Line 2 Text | |

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|--|--|--|--|
| Mailing Address City Name | | | |
| Mailing Address State Code | | | |
| Mailing Address Country Code | | | |
| Mailing Address Postal Region Zip Code | | | |
| Mailing Address Postal Region Zip Extension Code | | | |
| Home Telephone Number Code | | | |
| Work Telephone Number Code | | | |
| Fax Telephone Number Code | | | |
| | | | |
| | | | |
| <u>Health Care Coverage Information:</u> | | | |
| HCDP Type Code | | | |
| HCDP Plan Coverage Code | | | |
| Health Care Coverage Enrollment Status Code | | | |
| Health Care Coverage Begin Calendar Date | | | |
| Health Care Coverage End Calendar Date | | | |
| Health Care Coverage End Reason Code | | | |
| Health Care Coverage Copayment Factor Code | | | |
| Health Care Coverage Special Entitlement Code (exceptions) | | | |
| Health Care Coverage Service Code | | | |
| Health Care Coverage Member Category Code | | | |
| Health Care Coverage Member Relationship Code | | | |
| Health Care Coverage Pay Plan Code | | | |
| Health Care Coverage Pay Grade Code | | | |
| | | | |
| <u>PCM Information:</u> | | | |
| PCM Region Identifier | | | |
| PCM Network Provider Type Code | | | |
| PCM Enrolling Division DMIS Identifier | | | |
| PCM Identifier | | | |
| PCM Identifier Type Code | | | |
| PCM Name | | | |
| PCM Telephone Number Code | | | |
| PCM Selection Begin Calendar Date | | | |
| PCM Selection End Calendar Date | | | |
| PCM Selection End Reason Code | | | |
| | | | |
| <u>OHI Information:</u> | | | |
| OHI Carrier Identifier | | | |
| OHI Policy Identifier | | | |
| OHI Effective Calendar Date | | | |
| OHI Expiration Calendar Date | | | |
| OHI Last Update Calendar Date | | | |
| OHI Last Update System Name | | | |
| OHI Medical Coverage Indicator Code | | | |
| OHI Dental Coverage Indicator Code | | | |
| OHI Inpatient Hospital Coverage Indicator Code | | | |
| OHI Outpatient Hospital Coverage Indicator Code | | | |
| OHI Long Term Care Coverage Indicator Code | | | |
| OHI Pharmacy Coverage Indicator Code | | | |
| OHI Mental Health Coverage Indicator Code | | | |
| OHI Vision Coverage Indicator Code | | | |

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| | | |
| <u>OGP Information:</u> | | |
| OGP Type Code | | |
| OGP Begin Reason Code | | |
| OGP Effective Calendar Date | | |
| OGP Expiration Calendar Date | | |
| | | |
| <u>NAS Information:</u> | | |
| NAS Identifier | | |
| NAS Issuing Facility DMIS Identifier | | |
| NAS Issue Calendar Date | | |
| NAS Cancel Calendar Date | | |
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| Shows all OGPs in effect for inquiry period, if any. | |
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| Shows all NASs issued and cancelled for inquiry period, if any. | |
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| DEERS/Medical Implementation Plan | |
| Business Rules: Coverage Inquiry for Claims With Catastrophic Cap | |
| Event and Data Flow | Data Type |
| | 0=Optional |
| | S=Situational |
| | R=Required |
| Inquiry | |
| Person/Family Transaction Type Code | R |
| Person Type Code | S |
| Inquiry Person Identifier | R |
| Person Identifier Type Code | R |
| Person Last Name | O |
| Person Birthdate | O |
| HCDP Type Code | R |
| Health Care Coverage Inquiry Begin Calendar Date | R |
| Health Care Coverage Inquiry End Calendar Date | R |
| <u>Totals and Locking Option:</u> | |
| Catastrophic Cap/ Deductible Totals/ Lock Inquiry Type Code | R |
| Catastrophic Cap/ Deductible Detail Identifier | S |
| Catastrophic Cap/ Deductible Detail Type Code | S |
| Response | |
| <u>Sponsor Information:</u> | |
| DEERS Identifier | |
| Person Identifier | |
| Person Identifier Type Code | |
| Person Last Name | |
| Person First Name | |
| Person Middle Name | |
| Person Cadency Name | |
| Person Birth Date | |
| Person Sex Code | |
| Person Death Date | |
| <u>Family Catastrophic Cap and Deductible Totals:</u> | |
| Family Fiscal Year Deductible Cumulative Amount | |
| Family Fiscal Year Catastrophic Cap Cumulative Amount | |
| Family CHCBP Fiscal Year Catastrophic Cap Cumulative Amount | |
| Family CHCBP Fiscal Year Deductible Cumulative Amount | |
| Fiscal Year Code | |
| Family Prime Enrollment Year Catastrophic Cap Cumulative Amount | |
| Family POS Enrollment Year Deductible Cumulative Amount | |
| Family Prime Enrollment Anniversary Calendar Date | |
| <u>Individual Catastrophic Cap and Deductible Totals:</u> | |
| Individual Fiscal Year Deductible Cumulative Amount | |
| Individual CHCBP Fiscal Year Deductible Cumulative Amount | |

| DEERS/Medical Implementation Plan | |
|---|---------------|
| Business Rules: Coverage Inquiry for Claims With Catas | |
| Event and Data Flow | Data Type |
| | 0=Optional |
| | S=Situational |
| | R=Required |
| Fiscal Year Code | |
| Individual POS Enrollment Year Deductible Cumulative Amount | |
| Individual Prime Enrollment Begin Calendar Date | |
| Individual Prime Enrollment End Calendar Date | |
| | |
| <u>Locking Information:</u> | |
| Catastrophic Cap/ Deductible Detail Lock Source System Identifier | |
| Catastrophic Cap/ Deductible Detail Lock Calendar Date | |
| Catastrophic Cap/ Deductible Detail Lock Time | |
| | |
| <u>Family Member Information:</u> | |
| DEERS Identifier | |
| Person Identifier | |
| Person Identifier Type Code | |
| Person Last Name | |
| Person First Name | |
| Person Middle Name | |
| Person Cadency Name | |
| Person Birth Date | |
| Person Sex Code | |
| Mailing Address Date | |
| Mailing Address Line 1 Text | |
| Mailing Address Line 2 Text | |
| Mailing Address City Name | |
| Mailing Address State Code | |
| Mailing Address Country Code | |
| Mailing Address Postal Region Zip Code | |
| Mailing Address Postal Region Zip Extension Code | |
| Home Telephone Number Code | |
| Work Telephone Number Code | |
| Fax Telephone Number Code | |
| | |
| <u>Health Care Coverage Information:</u> | |
| HCDP Type Code | |
| HCDP Plan Coverage Code | |
| Health Care Coverage Enrollment Status Code | |
| Health Care Coverage Begin Calendar Date | |
| Health Care Coverage End Calendar Date | |
| Health Care Coverage End Reason Code | |

| DEERS/Medical Implementation Plan | |
|--|---------------|
| Business Rules: Coverage Inquiry for Claims With Catas | |
| Event and Data Flow | Data Type |
| | 0=Optional |
| | S=Situational |
| | R=Required |
| Health Care Coverage Copayment Factor Code | |
| Health Care Coverage Special Entitlement Code (exceptions) | |
| Health Care Coverage Service Code | |
| Health Care Coverage Member Category Code | |
| Health Care Coverage Member Relationship Code | |
| Health Care Coverage Pay Plan Code | |
| Health Care Coverage Pay Grade Code | |
| | |
| <u>PCM Information:</u> | |
| PCM Region Identifier | |
| PCM Network Provider Type Code | |
| PCM Enrolling Division DMIS Identifier | |
| PCM Identifier | |
| PCM Identifier Type Code | |
| PCM Name | |
| PCM Telephone Number Code | |
| PCM Selection Begin Calendar Date | |
| PCM Selection End Calendar Date | |
| PCM Selection End Reason Code | |
| | |
| <u>OHI Information:</u> | |
| OHI Carrier Identifier | |
| OHI Policy Identifier | |
| OHI Effective Calendar Date | |
| OHI Expiration Calendar Date | |
| OHI Last Update Calendar Date | |
| OHI Last Update System Name | |
| OHI Medical Coverage Indicator Code | |
| OHI Dental Coverage Indicator Code | |
| OHI Inpatient Hospital Coverage Indicator Code | |
| OHI Outpatient Hospital Coverage Indicator Code | |
| OHI Long Term Care Coverage Indicator Code | |
| OHI Pharmacy Coverage Indicator Code | |
| OHI Mental Health Coverage Indicator Code | |
| OHI Vision Coverage Indicator Code | |
| | |
| <u>OGP Information:</u> | |
| OGP Type Code | |
| OGP Begin Reason Code | |
| OGP Effective Calendar Date | |
| OGP Expiration Calendar Date | |
| | |
| <u>NAS Information:</u> | |
| NAS Identifier | |
| NAS Issuing Facility DMIS Identifier | |
| NAS Issue Calendar Date | |
| NAS Cancel Calendar Date | |
| | |

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| | |
| trophic Cap and Deductible Totals | |
| | |
| Business Rules | Who Enforces |
| | the Rules |
| | C=CHCS |
| | M=MCSC |
| | D=DEERS |
| | |
| | |
| | |
| | D |
| If Family Inquiry is specified, need Person Type Code | D |
| | D |
| | D |
| Optional but recommended for correct person identification | |
| Optional but recommended for correct person identification | |
| | D |
| Not more than 3 years past loss of eligibility. Date range or single date OK where begin date=end date. | D |
| No restrictions on end date | D |
| | |
| | |
| Indicate if no totals, totals, or totals and locking should be included in the response. | D |
| If a lock is requested, this info is required | D |
| If a lock is requested, this info is required | D |
| | |
| | |
| If a coverage inquiry for claims is requested for a family member, both sponsor and family member person information is returned. | |
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| If inquirer requests totals, this info will be shown. Zeros will be shown if no totals for inquiry period requested. | |
| | D |
| | D |
| | D |
| | D |
| | D |
| | D |
| | D |
| | D |
| | |
| If inquirer requests totals, this info will be shown. Zeros will be shown if no totals for inquiry period requested. | |
| | D |
| | D |

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| | |
| trophic Cap and Deductible Totals | |
| | |
| Business Rules | Who Enforces the Rules |
| | C=CHCS |
| | M=MCSC |
| | D=DEERS |
| | D |
| | D |
| | D |
| | D |
| | |
| Lock info will be returned if inquirer placed a lock, or if totals are currently locked. | |
| | D |
| | D |
| | D |
| | |
| This information will repeat for each person included in the response. For example in a family inquiry, this info would repeat for the sponsor and all associated family members. In a person inquiry (spouse), only spouse information would appear in this section. | |
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| This info will repeat for each coverage period for each person included in the response. If not enrolled in any plan, then the following data will be shown: HCDP Type Code, HCDP Plan Coverage Code, Health Care Coverage Begin and End Calendar Dates, and Health Care Coverage End Reason Code. | |
| | |
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| | |
| Derived by DEERS based on factors that influence a new coverage period. | |
| Derived by DEERS based on factors that influence a new coverage period. | |
| Derived by DEERS based on factors that influence a new coverage period. | |

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| DEERS/Medical Implementation Plan | |
| Business Rules: Dental Inquiry | |
| | |
| Event and Data Flow | Data Type |
| | 0=Optional |
| | S=Situational |
| | R=Required |
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| | |
| Coverage Inquiry for Dental Benefits | |
| Person/Family Inquiry Type Code | R |
| Person Type Code | O |
| Person Identifier | R |
| Person Identifier Type Code | R |
| Person Last Name | O |
| Person Birth Date | O |
| HCDP Type Code | R |
| Health Care Coverage Inquiry Begin Calendar Date | R |
| Health Care Coverage Inquiry End Calendar Date | R |
| | |
| | |
| Coverage Response | |
| Current sponsor Info: | |
| DEERS Identifier | |
| Person Identifier | |
| Person Identifier Type Code | |
| Personnel Category Code | |
| Service Code | |
| Pay Plan Code | |
| Pay Grade Code | |
| Pay Grade Date | |
| Rank Code | |
| Person Death Date | |
| Unit Identification Code | |
| Work Location Country Code | |
| Work Location Postal Region Zip Code | |
| Work Location Postal Reg Zip Extension Code | |
| Person Last Name | |
| Person First Name | |
| Person Middle Name | |
| Person Cadency Name | |

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| DEERS/Medical Implementation Plan | | | |
| Business Rules: Dental Inquiry | | | |
| | | | |
| Event and | | Data | |
| Data Flow | | Type | |
| | | 0=Optional | |
| | | S=Situational | |
| | | R=Required | |
| Person Birth Date | | | |
| Person Sex Code | | | |
| | | | |
| <u>Family Member Information:</u> | | | |
| DEERS Identifier | | | |
| Person Association Reason Code | | | |
| Person Association Begin Date | | | |
| Person Association End Date | | | |
| Person Identifier | | | |
| Person Identifier Type Code | | | |
| Person Last Name | | | |
| Person First Name | | | |
| Person Middle Name | | | |
| Person Cadency Name | | | |
| Person Birth Date | | | |
| Person Sex Code | | | |
| Mailing Address Date | | | |
| Mailing Address Line 1 Text | | | |
| Mailing Address Line 2 Text | | | |
| Mailing Address City Name | | | |
| Mailing Address State Code | | | |
| Mailing Address Country Code | | | |
| Mailing Address Postal Region Zip Code | | | |
| Mailing Address Postal Region Zip Extension Code | | | |
| Home Telephone Number Code | | | |
| Work Telephone Number Code | | | |
| Fax Telephone Number Code | | | |
| | | | |
| <u>HCDP Information:</u> | | | |
| HCDP Type Code | | | |
| HCDP Coverage Plan Code | | | |
| Health Care Coverage Begin Calendar Date | | | |
| Health Care Coverage End Calendar Date | | | |
| Health Care Coverage End Reason Code | | | |
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| DEERS/Medical Implementation Plan | | | | | | | | | | |
| Business Rules: Enrollment | | | | | | | | | | |
| | | | | | | | | | | |
| | | | Coverage Plan | | | | | | | |
| | | | 0=Optional | B=Subscriber, I=Insured | | | | | | |
| | | | S= Situational | | | | | | | |
| | | | R=Required | (DC=Direct Care, CV=Civilian) | | | | | | |
| | | | | | | | | | | |
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| DEERS/Medical Implementation Plan | | | | | | | | | |
| Business Rules: Enrollment | | | | | | | | | |
| | | | | | | | | | |
| | | | Coverage Plan | | | | | | |
| | | | 0=Optional | B=Subscriber, I=Insured | | | | | |
| | | | S= Situational | | | | | | |
| | | | R=Required | (DC=Direct Care, CV=Civilian) | | | | | |
| DEERS ID (Subscriber) | | | | R | R | R | R | R | R |
| HCDP Enrollment Fee Payment Calendar Date | | | | N/A | N/A | N/A | N/A | S | S |
| HCDP Enrollment Fee Payment Paid-Through Calendar Date | | | | N/A | N/A | N/A | N/A | S | S |
| | | | | | | | | | |
| HCDP Enrollment Fee Payment Plan Type Code | | | | N/A | N/A | N/A | N/A | S | S |
| HCDP Enrollment Fee Payment Applied Dollar Amount | | | | N/A | N/A | N/A | N/A | S | S |
| | | | | | | | | | |
| HCDP Enrollment Fee Payment Exception Reason Code | | | | N/A | N/A | N/A | N/A | S | S |
| <i>Role of Sponsor</i> | | | | <i>B,I</i> | <i>B,I</i> | <i>B</i> | <i>B</i> | <i>B</i> | <i>B,I</i> |
| DEERS ID (Insured) | | | | R | R | R | R | R | R |
| HCDP Access/Update Code | | | | Add | | | | | |
| HCDP Type Code | | | | R | R | R | R | R | R |
| HCDP Plan Coverage Code | | | | R | R | R | R | R | R |
| | | | | | | | | | |
| HCDP Enrollment Begin Calendar Date | | | | R | R | R | R | R | R |
| | | | | | | | | | |
| HCDP Enrollment End Calendar Date | | | | R | R | R | R | R | R |
| | | | | | | | | | |
| HCDP Individual Enrollment Fee Waiver Reason Code | | | | N/A | N/A | N/A | N/A | N/A | S |
| PCM Region Identifier | | | | R | R | R | R | R | R |
| | | | | None | | | | | |
| PCM Network Provider Type Code | | | | DC | | DC | DC | DC | DC |
| PCM Enrolling Division DMIS Identifier | | | | CV | DC | CV | CV | CV | CV |
| PCM Identifier | | | | R | R | R | R | R | R |
| PCM Identifier Type Code | | | | S | R | S | S | S | S |
| PCM Name | | | | S | R | S | S | S | S |

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| DEERS/Medical Implementation Plan | | | | | | | | | |
| Business Rules: Enrollment | | | | | | | | | |
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| | | | Coverage Plan | | | | | | |
| | | | 0=Optional | B=Subscriber, I=Insured | | | | | |
| | | | S= Situational | | | | | | |
| | | | R=Required | (DC=Direct Care, CV=Civilian) | | | | | |
| Enrollment | | | | | | | | | |
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| DEERS/Medical Implementation Plan | | | | | | | | | |
| Business Rules: Enrollment | | | | | | | | | |
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| | | | Coverage Plan | | | | | | |
| | | | 0=Optional | B=Subscriber, I=Insured | | | | | |
| | | | S= Situational | | | | | | |
| | | | R=Required | (DC=Direct Care, CV=Civilian) | | | | | |
| HCDP Individual Enrollment Fee Waiver Reason Code | | | | N/A | N/A | S | S | N/A | N/A |

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|--|--|--|--|--|----------|-------------------------------|----|----|----|
| DEERS/Medical Implementation Plan | | | | | | | | | |
| Business Rules: Enrollment | | | | | | | | | |
| | | | | | | | | | |
| | | | | Coverage Plan | | | | | |
| | | | | 0=Optional | | B=Subscriber, I=Insured | | | |
| | | | | S= Situational | | | | | |
| | | | | R=Required | | (DC=Direct Care, CV=Civilian) | | | |
| PCM Region Identifier | | | | | R | R | R | R | R |
| PCM Network Provider Type Code | | | | | UP | UP | UP | UP | UP |
| PCM Enrolling Division DMIS Identifier | | | | | R | R | R | R | R |
| PCM Identifier | | | | | R | R | R | R | R |
| PCM Identifier Type Code | | | | | R | R | R | R | R |
| PCM Name | | | | | R | R | R | R | R |
| PCM Telephone Number Code | | | | | O | O | O | O | O |
| Enrollment | | | | | | | | | |
| <i>Enrollment required for this plan</i> | | | | CHCBP | a | b | | | |
| | | | | <i>(a) Continued Health Care Benefit Program Individual Coverage</i> | | | | | |
| | | | | <i>(b) Continued Health Care Benefit Program Family Coverage</i> | | | | | |
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| | | | | Business Rules | Who Enforces the Rules | |
| | | | | by Coverage Plan | C=CHCS | |
| | | | | | M=MCSC | |
| | | | | , UP=USFHP) | D=DEERS | |
| | | | | | | |
| | | | | Length of enrollment is a 12-month period or less based on eligibility | D | |
| | | | | Beneficiaries whose Prime enrollment is terminated due to failure to pay enrollment fees when required are disqualified from future enrollment in Prime for a period of 1 year. | C,M | |
| | | | | Unless dual entitled, a person cannot be enrolled in multiple coverage plans during the same time period. | D | |
| | | | | There cannot be multiple Individual coverage plans for a family during the same time period; Exception -- TRICARE Senior Prime | D | |
| | | | | A beneficiary must exist in DEERS with an eligible assigned coverage plan before they can be enrolled into a coverage plan. | D | |
| | | | | Enrollees may disenroll when they move without a 12 month lockout period | C,M | |
| | | | | Beneficiaries who have not moved and who disenroll from TRICARE Prime before the enrollment anniversary or are disenrolled because of failure to pay enrollment fees shall not be eligible for re-enrollment for 12 months | | |
| | | | | ***Exception: Retired Sponsors recalled to active duty and their family members | C,M | |
| | | | | An enrollment lockout period of 12 months is effective for 12 months if a beneficiary elects to disenroll in TRICARE Prime before their one-year enrollment anniversary date (excludes relocation) | C,M | |
| | | | | Enrollment fee payments may be waived and DEERS will allow this information to be communicated through the HCDP Enrollment Fee Status Code | M | |
| | | | | Assigned coverage plans are used to determine the appropriate enrollable coverage plan | C,M,D | |
| | | | | DEERS builds the PCM list as enrollments are received. If a PCM Id does not exist within a region, DEERS will add it as a new PCM for that region, if the PCM Id does exist within a region on DEERS, DEERS will update information it receives for the PCM | D | |
| | | | | Enrolling organization will determine if beneficiary should be enrolled in their region | C, M | |
| | | | | DEERS will validate the DMIS Id of the PCM is within the region of the enrollment | D | |

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| | | | | Business Rules | Who Enforces the Rules | |
| | | | | by Coverage Plan | C=CHCS | |
| | | | | | M=MCSC | |
| | | | | | D=DEERS | |
| | | | | The enrollment anniversary date is set based on the 1st person enrolled in the coverage plan and is equal to the enrollment begin date | D | |
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| | | | | Business Rules | Who Enforces the Rules | |
| | | | | by Coverage Plan | C=CHCS | |
| | | | | | M=MCSC | |
| | | | | | D=DEERS | |
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| | | | | If an individual is waived from enrollment fee payments, the reason for the waiver should be sent to DEERS | C,M | |

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| DEERS/Medical Implementation Plan | | | |
| Business Rules: Add a Newborn to DEERS | | | |
| | | | |
| | | Data | |
| | | Type | |
| | | 0=Optional | |
| | | S=Situational | |
| | | R=Required | |
| <u>Add a Newborn to DEERS (sent to DEERS)</u> | | | |
| | | | |
| DEERS ID (Sponsor) | | R | |
| Person Access/Update Code | | R | |
| Person Association Reason Code | | R | |
| Person Association Begin Date | | N/A | |
| Person Birth Date | | R | |
| Person Sex Code | | R | |
| Person Last Name | | R | |
| Person First Name | | R | |
| Person Middle Name | | O | |
| Person Cadency Name | | O | |
| Mailing Address Line 1 Text | | R | |
| Mailing Address Line 2 Text | | O | |
| Mailing Address City Name | | R | |
| Mailing Address State Code | | S | |
| Mailing Address Country Code | | R | |
| Mailing Address Postal Region Zip Code | | S | |
| Mailing Address Postal Region Zip Extension Code | | S | |
| Home Telephone Number Code | | O | |
| Work Telephone Number Code | | O | |
| Fax Telephone Number Code | | O | |
| <u>Add a Newborn to DEERS Acknowledgement (sent from DEERS)</u> | | | |
| DEERS ID (Newborn) | | | |
| Person Identifier | | | |
| Person Identifier Type Code | | | |
| Person Last Name | | | |
| Person First Name | | | |
| Person Middle Name | | | |
| Person Cadency Name | | | |
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| Business Rules by Coverage Plan | Who Enforces the Rules | | |
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| | C=CHCS | | |
| | M=MCSC | | |
| | D=DEERS | | |
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| DEERS will add a newborn and assign the newborn a DEERS Id and a Temporary Id along with establishing an assigned HCDP Coverage Plan with A Prime copayment factor code | D | | |
| | D | | |
| | D | | |
| | D | | |
| DEERS derives this from the birth date | D | | |
| | D | | |
| | D | | |
| | D | | |
| | D | | |
| | | | |
| If address is unknown, use address of sponsor Depends on length of address | C,M,D | | |
| | D | | |
| Required if address is in the U.S. and in certain OCUNUS locations | D | | |
| | D | | |
| Required if address is in the U.S. and other countries having postal codes | D | | |
| Required if address is in the U.S. | D | | |
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| Represents the Temporary Id for the newborn | | | |
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| Business Rules | Who Enforces the Rules | |
| by Coverage Plan | C=CHCS | |
| | M=MCSC | |
| | D=DEERS | |
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| Beneficiaries who select disenrollment during their annual re-enrollment period may choose to re-enroll at any time | C,M | |
| DEERS will carry current PCM selections forward to the next enrollment period specified | D | |
| The enrollment anniversary date is set based on the 1st person enrolled in the coverage plan and is equal to the enrollment begin date | D | |
| DEERS will edit the re-enrollment to ensure the enrollment dates are contiguous and there are not gaps in coverage | D | |
| | | |
| sponsors | | |
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| Business Rules | Who Enforces the Rules | |
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| by Coverage Plan | C=CHCS | |
| | M=MCSC | |
| | D=DEERS | |
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| | | |
| Family Members | | |
| Family Members | | |
| Sponsors | | |
| Sponsors and Family members | | |
| Sponsors and Family Members | | |
| | | |
| | D | |
| <i>This system identifier must be the same system who currently manages this enrollment; This data is obtained by DEERS from the EDI message header.</i> | D | |
| Required if fee payment or fee exception is being sent with the re-enrollment | C,M,D | |
| Required if fee payment or fee exception is being sent with the re-enrollment | C,M,D | |
| Required if fee payment is being sent with the enrollment; Not required if fees are being waived; If this enrollment is adding a new beneficiary to the existing plan, no accompanying fee payment notification is required if enrollment fees are current | C,M,D | |
| Required if fee payment is being sent with the enrollment; This should be a dollar amount with the decimal; | C,M,D | |
| | | |
| Required if partial or non-payment of enrollment fees. This could be due to catastrophic cap has been met or if there is an individual waiver for a person; | C,M,D | |
| <i>Information only provided for clarity of who may be covered under each plan</i> | | |
| | D | |
| | D | |
| | D | |
| This coverage plan is the same as the current plan | D | |
| This date must be contiguous with the end date of the previous enrollment period | D | |
| cannot exceed 12 months or end of eligibility | D | |
| If an individual is waived from enrollment fee payments, the reason for the waiver should be sent to DEERS | C,M | |

| Business Rules | Who Enforces the Rules | |
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| by Coverage Plan | C=CHCS | |
| | M=MCSC | |
| | D=DEERS | |
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| | | |
| Family Members | | |
| Family Members | | |
| Insurers and Family Members | | |
| Insurers and Family Members | | |
| | | |
| | D | |
| <i>This system identifier must be the same system who currently manages this enrollment; This data is obtained by DEERS from the EDI message header.</i> | D | |
| Required if fee payment or fee exception is being sent with the re-enrollment | C,M,D | |
| Required if fee payment or fee exception is being sent with the re-enrollment | C,M,D | |
| Required if fee payment is being sent with the enrollment; Not required if fees are being waived; If this enrollment is adding a new beneficiary to the existing plan, no accompanying fee payment notification is required if enrollment fees are current | C,M,D | |
| Required if fee payment is being sent with the enrollment; This should be a dollar amount with the decimal; | C,M,D | |
| Required if partial or non-payment of enrollment fees. This could be due to catastrophic cap has been met or if there is an individual waiver for a person; | C,M,D | |
| <i>Information only provided for clarity of who may be covered under each plan</i> | | |
| | D | |
| | D | |
| | D | |
| This coverage plan is the same as the current plan | D | |
| This date must be contiguous with the end date of the previous enrollment period | D | |
| cannot exceed 12 months or end of eligibility | D | |
| If an individual is waived from enrollment fee payments, the reason for the waiver should be sent to DEERS | C,M | |

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| Business Rules | | Who Enforces the Rules |
|---|--|------------------------|
| by Coverage Plan | | C=CHCS |
| | | M=MCSC |
| | | D=DEERS |
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| nd Family Members | | |
| family Members | | |
| Members | | |
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| current or future coverage plan | | D |
| Only the current system managing the enrollment can update PCM information; This data is obtained by DEERS from the EDI message header. | | D |
| current or future coverage plan | | D |
| There cannot be any date gaps for PCM, certain PCM is required for an enrollment; DEERS will reinstate the previous PCM selection; If there is only one for this enrollment, a new PCM selection must be included with the cancellation | | D |
| Region of enrolling system and PCM region are the same | | D |
| | | |
| Must match PCM being cancelled | | D |
| Must match PCM being cancelled | | D |
| Must match PCM being cancelled | | D |
| Must match PCM being cancelled | | D |
| Must match PCM being cancelled | | D |
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| Must match PCM being cancelled | | D |
| "Invalid Entry" | | D |

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| Business Rules | | Who Enforces the Rules |
| by Coverage Plan | | C=CHCS |
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| and Family Members | | |
| Family Members | | |
| | | D |
| | | D |
| current or future coverage plan | | D |
| <i>Only the current system managing the enrollment can update PCM information; This data is obtained by DEERS from the EDI message header.</i> | | D |
| current or future coverage plan | | D |
| There cannot be any date gaps for PCM, certain PCM is required for an enrollment; DEERS will reinstate the previous PCM selection; If there is only one for this enrollment, a new PCM selection must be included with the cancellation | | D |
| Region of enrolling system and PCM region are the same | | D |
| Must match PCM being cancelled | | D |
| Must match PCM being cancelled | | D |
| Must match PCM being cancelled | | D |
| Must match PCM being cancelled | | D |
| Must match PCM being cancelled | | D |
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| Must match PCM being cancelled | | D |
| "Invalid Entry" | | D |
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Coverage Plan

Enrollment Transfer

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Business Rules: Fee Payment

Coverage Plan

0=Optional

S=Situational

R=Required

Enrollment Fee Payment

No enrollment fee required for these plans

TRICARE

(a) *TRICARE Remote for Active Duty Service Members*

(b) *TRICARE Prime Individual Coverage for Active Duty Sp*

(c) *TRICARE Prime Individual Coverage for Active Duty Family Members*

(d) *TRICARE Prime Family Coverage for Active Duty Family*

(e) *TRICARE Prime Individual Coverage for Transitional As*

(f) *TRICARE Prime Family Coverage for Transitional Assis*

(g) *TRICARE Senior Prime Individual Coverage for Retired*

**TRICARE Prime
Uniformed
Services Family
Health Plan
(USFHP)**

(a) *TRICARE USFHP Individual Coverage for Active Duty*

(b) TRICARE USFHP Family Coverage for Active Duty Far

(c) *TRICARE USFHP Individual Coverage for Transitional*

(d) *TRICARE USFHP Family Coverage for Transitional As*

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| Business Rules | Who Enforces the Rules | |
| by Coverage Plan | C=CHCS | |
| | M=MCSC | |
| | D=DEERS | |
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| | | |
| <i>ors and Family members</i> | | |
| <i>and Family Members</i> | | |
| <i>Sponsors</i> | | |
| | | |
| <i>sors and Family Members</i> | | |
| <i>rs and Family Members</i> | | |
| | | |
| Enrollment fees are only applicable to the subscriber of the policy, not the insured; The Beneficiary ID must be 00 | D | |
| | | |
| Current or future coverage plan | D | |
| | D | |
| begin added in IOD v13 | D | |
| <i>This identifier is used by DEERS to track the system that sent the enrollment fee payment notificaton; This data is obtained by DEERS from the EDI message header.</i> | D | |
| Required if fee payment or fee waiver is being sent for the enrollment | D | |
| Required if fee payment or fee waiver is being sent for the enrollment | D | |
| Required if fee payment is being sent; Not required if fees are being waived; DEERS will update this field if it is changed during an enrollment period | D | |
| Required if fee payment is being sent; This should be a dollar amount with the decimal; DEERS will validate that the cummulative fee payments are not less than zero; can be a negative dollar amount | D | |
| Required if partial or non-payment of enrollmment fees. This could be due to catastrophic cap has been met or if there is an individual waiver for a person; | D | |

| | | | | | | | | | | | | | | |
|--|--|--|--|---|--------|--|--|--|--|--|--|--|--|----------|
| DEERS/Medical Implementation Plan | | | | | | | | | | | | | | |
| Business Rules: Change Individual Enrollment Period | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | Coverage Plan | | | | | | | | | | | B |
| | | | 0=Optional | (DC=Direct Care, CV=Civilian, UP=USFHP) | | | | | | | | | | by |
| | | | S=Situational | | | | | | | | | | | |
| | | | R=Required | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| <u>Change Individual Enrollment Period</u> | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| <i>Disenrollment performed for all health care plans in this group</i> | | | TRICARE Prime | a | | | | | | | | | | |
| <i>Disenrollment performed for all health care plans in this group</i> | | | TRICARE Prime Uniformed Services Family Health Plan (USFHP) | b | | | | | | | | | | |
| DEERS ID (Subscriber) | | | | R | R | | | | | | | | | |
| DEERS ID (Insured) | | | | R | R | | | | | | | | | |
| HCDP Access/Update Code | | | | | Update | | | | | | | | | |
| Person/Family Transaction Type Code | | | | R | R | | | | | | | | | |
| HCDP Type Code | | | | R | R | | | | | | | | | |
| HCDP Plan Coverage Code | | | | R | R | | | | | | | | | |
| | | | | | | | | | | | | | | |
| <i>HCDP Enrollment Management System Identifier</i> | | | | N/A | N/A | | | | | | | | | |
| HCDP Enrollment Begin Calendar Date | | | | R | R | | | | | | | | | |
| HCDP Enrollment End Calendar Date | | | | R | R | | | | | | | | | |
| <i>HCDP Enrollment End Reason Code</i> | | | | N/A | N/A | | | | | | | | | |
| | | | | | | | | | | | | | | |

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| DEERS/Medical Implementation Plan | | | | | | | | | | | | | | | | | | | |
| Business Rules: Change Family Enrollment Period | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | Coverage Plan | | | | | | | | | | | | B | | | |
| | | | | 0=Optional (DC=Direct Care, CV=Civilian, UP=USFHP) | | | | | | | | | | | | by | | | |
| | | | | S=Situational | | | | | | | | | | | | | | | |
| | | | | R=Required | | | | | | | | | | | | | | | |
| <u>Change Family Enrollment Period</u> | | | | | | | | | | | | | | | | | | | |
| | | | | TRICARE Prime | | a | | | | | | | | | | | | | |
| | | | | TRICARE Prime | | | | | | | | | | | | | | | |
| | | | | Uniformed | | | | | | | | | | | | | | | |
| | | | | Services Family | | | | | | | | | | | | | | | |
| | | | | Health Plan | | | | | | | | | | | | | | | |
| | | | | (USFHP) | | | | | | | | | | | | | | | |
| <i>Disenrollment performed for all health care plans in this group</i> | | | | | | | | | | | | | | | | | | | |
| DEERS ID (Subscriber) | | | | | | R | R | | | | | | | | | | | | |
| DEERS ID (Insured) | | | | | | R | R | | | | | | | | | | | | |
| HCDP Access/Update Code | | | | | | Update | | | | | | | | | | | | | |
| Person/Family Transaction Type Code | | | | | | R | R | | | | | | | | | | | | |
| HCDP Type Code | | | | | | R | R | | | | | | | | | | | | |
| HCDP Plan Coverage Code | | | | | | R | R | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| <i>HCDP Enrollment Management System Identifier</i> | | | | | | N/A | N/A | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| HCDP Enrollment Begin Calendar Date | | | | | | R | R | | | | | | | | | | | | |
| HCDP Enrollment End Calendar Date | | | | | | R | R | | | | | | | | | | | | |
| <i>HCDP Enrollment End Reason Code</i> | | | | | | N/A | N/A | | | | | | | | | | | | |
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| Business Rules | Who Enforces the Rules | | |
| Coverage Plan | C=CHCS | | |
| | M=MCSC | | |
| | D=DEERS | | |
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| | C,M,D | | |
| | C,M,D | | |
| This is an update to a current or future HCDP because the person is still covered within the same HCDP coverage plan | C,M,D | | |
| Individual: Change to Individual Enrollment Only | C,M,D | | |
| | C,M,D | | |
| current or future coverage plan | C,M,D | | |
| <i>This system identifier is the current system who currently manages this enrollment. This data is obtained by DEERS from the EDI message header.</i> | C,M,D | | |
| This date must match the begin date of the enrollment | C,M,D | | |
| This date must match the end date of the enrollment | C,M,D | | |
| "Invalid Entry" | C,M,D | | |
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| | | Who Enforces the Rules | | |
| Business Rules | | | | |
| by Coverage Plan | | C=CHCS | | |
| | | M=MCSC | | |
| | | D=DEERS | | |
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| | | | | |
| There are no dates associated with the waiver; It can be set or removed as necessary and no history is kept on the setting of this field. | | D | | |
| | | | | |
| | | | | |
| Sponsors | | | | |
| Family Members | | | | |
| Family Members | | | | |
| Assistance Sponsors and Family Members | | | | |
| Assistance Sponsors and Family Members | | | | |
| Assistance Sponsors and Family Members | | | | |
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| Family Members | | | | |
| Family Members | | | | |
| Assistance Sponsors and Family Members | | | | |
| Assistance Sponsors and Family Members | | | | |

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| Business Rules | | | Who Enforces the Rules | |
| by Coverage Plan | | | C=CHCS | |
| | | | M=MCSC | |
| | | | D=DEERS | |
| Notification sent by DEERS | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | D | |
| | | | D | |
| current or future enrollment | | | D | |
| | | | D | |
| | | | D | |
| | | | D | |
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| Business Rules | | Who Enforces the Rules | |
| by Coverage Plan | | C=CHCS | |
| | | M=MCSC | |
| | | D=DEERS | |
| Notification sent by HCDP Enrollment Management System | | | |
| If a beneficiary is disenrolled from this program due to failure to pay enrollment fees, they should not permitted to re-enroll | | | |
| If a beneficiary is waived from paying enrollment fees, the individual will not be disenrolled for this reason | | | |
| | | | |
| | | | |
| | | | |
| No notification will be sent from DEERS because there is no EDI solution for management of these plans. | | | |
| No notification will be sent from DEERS because there is no EDI solution for management of these plans. | | | |
| | | D | |
| | | D | |
| | | D | |
| applicable for current enrollment only | | D | |
| <i>Only the system managing the enrollment or the enrollment fees can send a disenrollment notification. This data is obtained by DEERS from the EDI message header.</i> | | D | |
| | | D | |
| | | D | |
| "Failure to Pay Fees" reason code can only be used for coverage plans which enrollment fees apply | | D | |
| | | | |

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|--|---------------|--|--|
| DEERS/Medical Implementation Plan | | | |
| Business Rules: Person Updates | | | |
| Event and | Data | | |
| Data Flow | Type | | |
| | 0=Optional | | |
| | S=Situational | | |
| | R=Required | | |
| Person Information: | | | |
| | | | |
| Person Action Code | | | |
| DEERS Identifier | R | | |
| Person Last Name | N/A | | |
| Person First Name | N/A | | |
| Mailing Address Date | S | | |
| Mailing Address Line 1 Text | S | | |
| Mailing Address Line 2 Text | O | | |
| Mailing Address City Name | S | | |
| | | | |
| Mailing Address State Code | S | | |
| Mailing Address Country Code | S | | |
| | | | |
| Mailing Address Postal Region Zip Code | S | | |
| Mailing Address Postal Region Zip Extension Code | S | | |
| Home Telephone Number Code | O | | |
| Work Telephone Number Code | O | | |
| Fax Telephone Number Code | O | | |

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| Business Rules | Who Enforces the Rules | |
| | C=CHCS | |
| | M=MCSC | |
| | D=DEERS | |
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| | | |
| | D | |
| name cannot be changed, sent for X12 purposes only | | |
| name cannot be changed, sent for X12 purposes only | | |
| must be included if updating the mailing address information | D | |
| Required only if address being updated | D | |
| Depends on length of address | | |
| Required if address being updated | D | |
| Required if address is in the U.S. and in certain OCUNUS locations | D | |
| Required if address being updated | D | |
| Required if address is in the U.S. and other countries having postal codes | D | |
| Required if address being updated is in the U.S. | D | |
| | | |
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| | | |

| DEERS/Medical Implementation Plan Business Rules: Patient Updates | | | |
|--|--------------|---------------|--|
| Event and Data Flow | Data Type | | |
| | | 0=Optional | |
| | | S=Situational | |
| | | R=Required | |
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| | | | |
| Patient Information: | | | |
| | | | |
| Patient Access/Update Code | R | | |
| Patient Identifier | R | | |
| | | | |
| | | | |
| | | | |
| Person Identifier | R | | |
| Person Identifier Type Code | R | | |
| Person Last Name | R | | |
| Person First Name | R | | |
| Person Middle Name | R | | |
| Person Cadency Name | R | | |
| Mailing Address Date | S | | |
| Mailing Address Line 1 Text | S | | |
| Mailing Address Line 2 Text | O | | |
| Mailing Address City Name | S | | |
| | | | |
| Mailing Address State Code | S | | |
| Mailing Address Country Code | S | | |
| | | | |
| Mailing Address Postal Region Zip Code | S | | |
| Mailing Address Postal Region Zip Extension Code | S | | |
| Home Telephone Number Code | O | | |
| Work Telephone Number Code | O | | |
| Fax Telephone Number Code | O | | |
| Blood Type Code | S | | |
| Blood Type Verification Code | S | | |
| Blood Type Source Code | S | | |
| Organ Donor Code | S | | |
| Organ Donor Date | S | | |
| Person Death Date | S | | |

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| DEERS/Medical Implementation Plan | | | |
| Business Rules: Inquiry for Catastrophic Cap and Deduct | | | |
| | | | |
| Event and | | Data | |
| Data Flow | | Type | |
| | | 0=Optional | |
| | | S=Situational | |
| | | R=Required | |
| | | | |
| | | | |
| Inquiry Options: | | | |
| | | | |
| | | | |
| <u>Insured Information:</u> | | | |
| DEERS Identifier | | R | |
| | | | |
| <u>Inquiry Period Information:</u> | | | |
| Catastrophic Cap/ Deductible Inquiry Begin Calendar Date | | R | |
| Catastrophic Cap/ Deductible Inquiry End Calendar Date | | R | |
| | | | |
| | | | |
| <u>Lock Information:</u> | | | |
| Catastrophic Cap/ Deductible Lock Access/ Update Code | | R | |
| Catastrophic Cap/ Deductible Detail Identifier | | R | |
| Catastrophic Cap and Deducible Detail Type Code | | R | |
| <i>Catastrophic Cap/ Deductible Detail Lock Source System Identifier</i> | | <i>N/A</i> | |
| <i>Catastrophic Cap/ Deductible Detail Lock Calendar Date</i> | | <i>N/A</i> | |
| <i>Catastrophic Cap/ Deductible Detail Lock Time</i> | | <i>N/A</i> | |
| | | | |

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| DEERS/Medical Implementation Plan | | | |
| Business Rules: Inquiry for Catastrophic Cap and Deduct | | | |
| | | | |
| Event and | Data | | |
| Data Flow | Type | | |
| | 0=Optional | | |
| | S=Situational | | |
| | R=Required | | |
| Response with CC&D totals | | | |
| | | | |
| <u>Insured Information:</u> | | | |
| DEERS Identifier | | | |
| | | | |
| | | | |
| <u>Family Catastrophic Cap and Deductible Totals Information:</u> | | | |
| Family Fiscal Year Deductible Cumulative Amount | | | |
| Family Fiscal Year Catastrophic Cap Cumulative Amount | | | |
| Family CHCBP Fiscal Year Catastrophic Cap Cumulative Amount | | | |
| Family CHCBP Fiscal Year Deductible Cumulative Amount | | | |
| Fiscal Year Code | | | |
| Family Prime Enrollment Year Catastrophic Cap Cumulative Amount | | | |
| Family POS Enrollment Year Deductible Cumulative Amount | | | |
| Family Prime Enrollment Effective Calendar Date | | | |
| | | | |
| | | | |
| <u>Individual Catastrophic Cap and Deductible Totals Information:</u> | | | |
| Individual Fiscal Year Deductible Cumulative Amount | | | |
| Individual CHCBP Fiscal Year Deductible Cumulative Amount | | | |
| Fiscal Year Code | | | |
| Individual POS Enrollment Year Deductible Cumulative Amount | | | |
| Individual Prime Enrollment Begin Calendar Date | | | |
| Individual Prime Enrollment End Calendar Date | | | |
| | | | |

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| DEERS/Medical Implementation Plan | | | |
| Business Rules: Inquiry for Catastrophic Cap and Deduct | | | |
| | | | |
| Event and | | Data | |
| Data Flow | | Type | |
| | | 0=Optional | |
| | | S=Situational | |
| | | R=Required | |
| <u>Lock Information:</u> | | | |
| Catastrophic Cap/ Deductible Detail Lock Source System Identifier | | | |
| Catastrophic Cap/ Deductible Detail Lock Calendar Date | | | |
| Catastrophic Cap/ Deductible Detail Lock Time | | | |
| | | | |

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| | |
| ble Totals | |
| | |
| Business Rules | Who Enforces the Rules |
| | C=CHCS |
| | M=MCSC |
| | D=DEERS |
| | |
| Coverage Inquiry for Claims required before CC&D totals may be locked and updates made. | |
| | |
| CC&D totals will be displayed for inquiry period requested, showing family and individual fiscal year totals (Standard, CHCBP, and POS cat caps) and enrollment year totals (Prime and POS deductibles). | |
| | |
| | D |
| | |
| No more than 3 years past eligibility will be shown online. A single date or a date span is allowed. | M,D |
| No more than 3 years past eligibility will be shown online. A single date or a date span is allowed. | M,D |
| | |
| MCSC must lock the record if the intent is to update CC&D amounts. DEERS will then lock the subscriber and all associated insured family member's cat cap and deductible totals and prevent updates from other entities during the lock period. The detail identifier and type code are used as the key for unlocking totals. | |
| | M,D |
| | M,D |
| Specifies type of update: claim, enrollment fee, or adjustment. | M,D |
| <i>Derived by DEERS from EDI header information</i> | D |
| <i>Derived by DEERS from EDI header information</i> | D |
| <i>Derived by DEERS from EDI header information</i> | D |
| | |

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| | |
| ble Totals | |
| | |
| Business Rules | Who Enforces the Rules |
| | C=CHCS |
| | M=MCSC |
| | D=DEERS |
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| | |
| | |
| | D |
| | |
| Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts for inquiry period. | |
| | D |
| | D |
| | D |
| | D |
| | D |
| | D |
| | D |
| | D |
| | |
| Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts are for inquiry period. Individual totals are given for the requested individual insured. | |
| | D |
| | D |
| | D |
| | D |
| | D |
| | D |
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| | |
| ble Totals | |
| | |
| Business Rules | Who Enforces |
| | the Rules |
| | C=CHCS |
| | M=MCSC |
| | D=DEERS |
| Note: Continuing a lock requires a separate CC&D totals inquiry. These fields will be blank, if not locked. | |
| | D |
| | D |
| | D |
| | |

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| DEERS/Medical Implementation Plan | |
| Business Rules: Update Catastrophic Cap and Deductible | |
| Event and Data Flow | Data Type |
| | 0=Optional |
| | S=Situational |
| | R=Required |
| Update CC&D amounts | |
| <u>Insured Information:</u> | |
| DEERS Identifier | R |
| <u>Lock Removal Information:</u> | |
| Catastrophic Cap/ Deductible Lock Access/Update Code | R |
| <u>Catastrophic Cap/ Deductible Detail Identification Information:</u> | |
| Catastrophic Cap/ Deductible Detail Identifier | R |
| Catastrophic Cap/ Deductible Detail Extension Identifier | O |
| Catastrophic Cap/ Deductible Detail Type Code | R |
| <u>Catastrophic Cap and Deductible Update Information:</u> | |
| Fiscal Year Deductible Payment Amount | S |
| Fiscal Year Catastrophic Cap Payment Amount | S |
| CHCBP Fiscal Year Catastrophic Cap Payment Amount | S |
| CHCBP Fiscal Year Deductible Payment Amount | S |
| Fiscal Year Code | S |
| Prime Enrollment Year Catastrophic Cap Payment Amount | S |
| POS Enrollment Year Deductible Payment Amount | S |
| Enrollment Year Catastrophic Cap/ Deductible Payment Calendar Date | S |
| Catastrophic Cap/ Deductible Detail Update Source System Identifier | N/A |

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| | | |
| Totals | | |
| | | |
| Business Rules | Who Enforces the Rules | |
| | C=CHCS | |
| | M=MCSC | |
| | D=DEERS | |
| | | |
| MCSC must perform a Coverage Inquiry for Claims and Inquire and Lock CC&D totals before updating CC&D amounts. | | |
| | | |
| | | |
| | D | |
| | | |
| The MCSC may elect to lock or not unlock the totals. If the MCSC wishes only to remove the lock, they must do so with this update. They would indicate to remove the lock and send a zero update dollar amount. | | |
| Indicate whether to remove or not remove a lock. | M, D | |
| | | |
| | | |
| | M, D | |
| The extension identifier is used for split fiscal year claims | M | |
| | M, D | |
| | | |
| Claim updates include adding new amounts, "adjusting a claim" (sending an update with the net change), and "cancels" (sending an update with the exact negative amount of claim). At least one payment amount must be sent with the update, even if a zero amount. | | |
| At least one payment amount must be sent with the update. | M | |
| At least one payment amount must be sent with the update. | M | |
| At least one payment amount must be sent with the update. | M | |
| At least one payment amount must be sent with the update. | M | |
| Year required if fiscal year updates are made | M, D | |
| At least one payment amount must be sent with the update. | M | |
| At least one payment amount must be sent with the update. | M | |
| Month and Year required if enrollment year updates are made. DEERS will only accept the month and year corresponding for the update. This date cannot be more than 3 years past loss of eligibility. | M, D | |
| | | |
| <i>DEERS derived from the EDI Header. Catastrophic Cap/ Deductible Detail Update Source System Identifier must be the same as the Catastrophic Cap/ Deductible Detail Lock Source System Identifier or an error will occur. If the organization who locked the record isn't the same as the current organization updating the record, DEERS will not accept the update.</i> | D | |
| | | |
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|--|---------------|--|--|
| DEERS/Medical Implementation Plan | | | |
| Business Rules: NAS Inquiry | | | |
| | | | |
| Event and | Data | | |
| Data Flow | Type | | |
| | 0=Optional | | |
| | S=Situational | | |
| | R=Required | | |
| | | | |
| Inquiry Options: | | | |
| <u>Person Info:</u> | | | |
| <i>Person/Family Transaction Type Code</i> | N/A | | |
| | | | |
| Person Type Code | S | | |
| Inquiry Person Identifier | S | | |
| Person Identifier Type Code | S | | |
| | | | |
| Person Last Name | O | | |
| | | | |
| Person Birthdate | O | | |
| or just the | | | |
| DEERS ID | S | | |
| or just the | | | |
| Patient ID | S | | |
| and | | | |
| <u>NAS Information:</u> | | | |
| NAS Access/Update Code | R | | |
| | | | |
| NAS Inquiry Begin Calendar Date | S | | |
| and | | | |
| | | | |
| NAS Inquiry End Calendar Date | S | | |
| or just the | | | |
| NAS Identifier | S | | |

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|--|---------------|---|--|
| DEERS/Medical Implementation Plan | | | |
| Business Rules: NAS Inquiry | | | |
| | | | |
| Event and | Data | | |
| Data Flow | Type | | |
| | 0=Optional | | |
| | S=Situational | | |
| | R=Required | | |
| | | | |
| Response to NAS Inquiry | | | |
| <u>Sponsor Info:</u> | | | |
| NAS Sponsor SSN Identifier | | | |
| NAS Sponsor Surname Text | | | |
| NAS Sponsor Forename Text | | | |
| NAS Sponsor Middle Name Text | | | |
| NAS Sponsor Cadency Name | | | |
| NAS Sponsor Service Branch Classification Code | | | |
| | | | |
| <u>Patient Info:</u> | | | |
| DEERS Identifier | | S | |
| Patient Identifier | | S | |
| NAS Patient Surname Text | | | |
| NAS Patient Forename Text | | | |
| NAS Patient Middle Name Text | | | |
| NAS Patient Cadency Name | | | |
| NAS Patient Birth Calendar Date | | | |
| NAS Patient Sex Code | | | |
| NAS Patient Mailing Address Line 1 Text | | | |
| NAS Patient Mailing Address Line 2 Text | | | |
| NAS Patient Mailing Address City Name | | | |
| NAS Patient Mailing Address State Code | | | |
| NAS Patient Mailing Address Country Code | | | |
| NAS Patient Mailing Address Postal Region Zip Code | | | |
| NAS Patient Mailing Address Postal Region Zip Extension Code | | | |
| | | | |
| <u>NAS Information:</u> | | | |
| NAS Identifier | | | |
| NAS Identifier Type Code | | | |
| NAS Status Code | | | |
| NAS Diagnostic Category Code | | | |
| NAS Patient Category Code | | | |
| NAS Issue Reason Code | | | |
| NAS Issuing Facility DMIS Identifier | | | |
| NAS Issuing Service Branch Classification Code | | | |
| NAS Issue Calendar Date | | | |
| NAS Cancel Calendar Date | | | |
| NAS Issuing Official Surname Text | | | |
| NAS Issuing Official Forename Text | | | |
| NAS Issuing Official Middle Name Text | | | |
| NAS Issuing Official Rank Text | | | |
| NAS Issuing Official Title Text | | | |
| NAS Admitting Treatment Facility Calendar Date | | | |
| NAS Admitting Treatment Facility Name | | | |

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| DEERS/Medical Implementation Plan | | | |
| Business Rules: NAS Inquiry | | | |
| | | | |
| Event and | Data | | |
| Data Flow | Type | | |
| | 0=Optional | | |
| | S=Situational | | |
| | R=Required | | |
| | | | |
| NAS Medically Inappropriate Treatment Facility DMIS Identifier | | | |
| NAS Medically Inappropriate Mileage Quantity | | | |
| NAS Medically Inappropriate Reason Code | | | |
| NAS Medically Inappropriate Treatment Facility Mailing Address City Name | | | |
| NAS Medically Inappropriate Treatment Facility Mailing Address State Code | | | |
| NAS Medically Inappropriate Treatment Facility Mailing Address Country Code | | | |
| NAS Medically Inappropriate Treatment Facility Mailing Address Postal Region Zip Code | | | |
| NAS Medically Inappropriate Treatment Facility Mailing Address Postal Region Zip Extension Code | | | |
| NAS Remark Text | | | |
| OHI Indicator | | | |
| | | | |

| Business Rules | Who Enforces the Rules | |
|--|------------------------|--|
| | C=CHCS | |
| | M=MCSC | |
| | D=DEERS | |
| Both Person and NAS information is required | | |
| <i>Derived by DEERS; Always individual; family inquiry is not appropriate</i> | D | |
| Only used in conjunction with the Person Id and Person ID Type Code; Identifies if person information is for sponsors or family members; Required if no DEERS or Patient Id | D | |
| Only used in conjunction with the Person Type Code and Person Id Type Code; Required if no DEERS or Patient Id | D | |
| Only used in conjunction with the Person Type Code and Person Id; Required if no DEERS or Patient Id | D | |
| Optional but recommended, insures correct person identification; Used in conjunction with the Person Type Code, Person Id, and Person Id Type Code; Not used with the DEERS Id or Patient Id | | |
| Optional but recommended, insures correct person identification; Used in conjunction with the Person Type Code, Person Id, and Person Id Type Code; Not used with the DEERS Id or Patient Id | | |
| or | | |
| DEERS Id required if no Person information or Patient Id; can be sponsor or other family member | D | |
| Patient Id required if no Person information or DEERS Id; can be sponsor or other family member | D | |
| | | |
| Inquire; NAS can be requested by using a time period or the specific NAS Identifier | D | |
| Required if no NAS Identifier is used; Required in conjunction with the NAS Inquiry Begin Calendar Date; NAS Inquiry Begin Calendar Date must be equal or less than NAS Inquiry End Calendar Date | D | |
| Required if no NAS Identifier is used; Required in conjunction with the NAS Inquiry End Calendar Date; NAS Inquiry End Calendar Date must be equal or greater than NAS Inquiry Begin Calendar Date | D | |
| Required if no NAS Inquiry Begin / End Calendar Dates are supplied | D | |

[illegible]

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| | | |
| Business Rules | Who Enforces the Rules | |
| | C=CHCS | |
| | M=MCSC | |
| | D=DEERS | |
| Only appears if NAS was issued for a Medically Inappropriate Reason; Facility information derived from DMIS Id | | |
| Only appears if NAS was issued for a Medically Inappropriate Reason | | |
| Only appears if NAS was issued for a Medically Inappropriate Reason | | |
| Only appears if NAS was issued for a Medically Inappropriate Reason | | |
| Only appears if NAS was issued for a Medically Inappropriate Reason | | |
| Only appears if NAS was issued for a Medically Inappropriate Reason | | |
| Only appears if NAS was issued for a Medically Inappropriate Reason | | |
| Only appears if NAS was issued for a Medically Inappropriate Reason | | |
| Only appears if NAS was issued for a Medically Inappropriate Reason | | |
| Set by DEERS if OHI information exists for Issue Date. To obtain the OHI information, a separate OHI inquiry should be done. | | |
| | | |

| | | | |
|--|---------------|--|--|
| DEERS/Medical Implementation Plan | | | |
| Business Rules: Issue NAS | | | |
| | | | |
| Event and | Data | | |
| Data Flow | Type | | |
| | 0=Optional | | |
| | S=Situational | | |
| | R=Required | | |
| | | | |
| | | | |
| Issue NAS | | | |
| <u>Sponsor Info:</u> | | | |
| NAS Sponsor SSN Identifier | R | | |
| NAS Sponsor Surname Text | R | | |
| NAS Sponsor Forename Text | R | | |
| NAS Sponsor Middle Name Text | O | | |
| NAS Sponsor Cadency Name | O | | |
| NAS Sponsor Service Branch Classification Code | R | | |
| | | | |
| <u>Patient Info:</u> | | | |
| Patient Id | R | | |
| | | | |
| <u>NAS Information:</u> | | | |
| NAS Access/Update Code | R | | |
| | | | |
| <i>NAS Identifier</i> | <i>N/A</i> | | |
| | | | |
| NAS Issue Type Code | R | | |
| <i>NAS Status Code</i> | <i>N/A</i> | | |
| NAS Diagnostic Category Code | R | | |
| | | | |
| NAS Patient Category Code | R | | |
| | | | |
| NAS Issue Reason Code | R | | |
| | | | |
| NAS Issuing Facility DMIS Identifier | R | | |
| | | | |
| <i>NAS Issuing Service Branch Classification Code</i> | <i>N/A</i> | | |
| | | | |
| NAS Issue Calendar Date | R | | |
| <i>NAS Cancel Calendar Date</i> | <i>N/A</i> | | |
| NAS Issuing Official Surname Text | R | | |
| NAS Issuing Official Forename Text | R | | |
| NAS Issuing Official Middle Name Text | O | | |
| NAS Issuing Official Rank Text | R | | |
| NAS Issuing Official Title Text | R | | |
| NAS Admitting Treatment Facility Calendar Date | S | | |
| NAS Admitting Treatment Facility Name | S | | |
| | | | |
| NAS Medically Inappropriate Treatment Facility DMIS Identifier | S | | |

| | | | |
|--|---------------|--|--|
| DEERS/Medical Implementation Plan | | | |
| Business Rules: Issue NAS | | | |
| | | | |
| Event and | Data | | |
| Data Flow | Type | | |
| | 0=Optional | | |
| | S=Situational | | |
| | R=Required | | |
| NAS Medically Inappropriate Mileage Quantity | S | | |
| NAS Medically Inappropriate Reason Code | S | | |
| <i>NAS Medically Inappropriate Treatment Facility Mailing Address City Name</i> | N/A | | |
| <i>NAS Medically Inappropriate Treatment Facility Mailing Address State Code</i> | N/A | | |
| <i>NAS Medically Inappropriate Treatment Facility Mailing Address Country Code</i> | N/A | | |
| <i>NAS Medically Inappropriate Treatment Facility Mailing Address Postal Region Zip Code</i> | N/A | | |

| | | | |
|--|---------------|--|--|
| DEERS/Medical Implementation Plan | | | |
| Business Rules: Issue NAS | | | |
| Event and | Data | | |
| Data Flow | Type | | |
| | 0=Optional | | |
| | S=Situational | | |
| | R=Required | | |
| <i>NAS Medically Inappropriate Treatment Facility</i> <i>Mailing Address Postal Region Zip Extension Code</i> | N/A | | |
| NAS Remark Text | O | | |
| Response to NAS Issuance | | | |
| <u>Patient Info:</u> | | | |
| NAS Patient Identifier | | | |
| <u>NAS Information:</u> | | | |
| NAS Identifier | | | |
| OHI Indicator | | | |

| Business Rules | Who Enforces the Rules | | |
|---|------------------------|--|--|
| | C=CHCS | | |
| | M=MCSC | | |
| | D=DEERS | | |
| DEERS does not determine the time period for which a NAS is effective | | | |
| | | | |
| | | | |
| | D | | |
| | D | | |
| | D | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Id of beneficiary | D | | |
| | | | |
| | | | |
| Add | D | | |
| <i>Generated by DEERS using the Issue Date, Issuing DMIS, and Issue Type; NAS Identifier will be returned in NAS acknowledgment</i> | | | |
| Used to identify if a regular, chronic, retroactive, or chronic retroactive NAS | C,D | | |
| <i>Default; Derived by DEERS</i> | | | |
| DEERS will validate these codes. | C,D | | |
| The Issuing Facility is responsible for validating this field. DEERS will not validate these codes. | C | | |
| If Medically Inappropriate, certain information must be provided | C | | |
| DEERS will validate the Issuing Facility is an authorized site for issuing NAS. | C,D | | |
| <i>Derived by DEERS from NAS Issuing Facility DMIS Identifier</i> | D | | |
| Effective Date of the NAS;used in claims processing for service date of claim | C | | |
| <i>Only appears if the NAS has been cancelled</i> | | | |
| | C | | |
| | C | | |
| | C | | |
| Represents Rank or Grade depending on Official | C | | |
| | C | | |
| Supplied if NAS issued retroactively | C | | |
| Supplied if NAS issued retroactively | C | | |
| Only appears if NAS was issued for a Medically Inappropriate Reason; Facility information derived from DMIS Id | C,D | | |

| Business Rules | Who Enforces the Rules | | |
|---|------------------------|--|--|
| | C=CHCS | | |
| | M=MCSC | | |
| | D=DEERS | | |
| Only appears if NAS was issued for a Medically Inappropriate Reason | C | | |
| Only appears if NAS was issued for a Medically Inappropriate Reason | C | | |
| <i>Derived by DEERS from NAS Medically Inappropriate Treatment Facility DMIS Identifier</i> | D | | |
| <i>Derived by DEERS from NAS Medically Inappropriate Treatment Facility DMIS Identifier</i> | D | | |
| <i>Derived by DEERS from NAS Medically Inappropriate Treatment Facility DMIS Identifier</i> | D | | |
| <i>Derived by DEERS from NAS Medically Inappropriate Treatment Facility DMIS Identifier</i> | D | | |

| Business Rules | Who Enforces the Rules | | |
|--|------------------------|--|--|
| | C=CHCS | | |
| | M=MCSC | | |
| | D=DEERS | | |
| <i>Derived by DEERS from NAS Medically Inappropriate Treatment Facility DMIS Identifier</i> | D | | |
| All OHI information should be supplied using the OHI inquiry/update transactions. DEERS will not validate or track OHI information from NAS. | C | | |
| | | | |
| | | | |
| | | | |
| This is the same id sent to issue the NAS; can be sponsor or other family member | | | |
| | | | |
| | | | |
| Generated and maintained by DEERS | | | |
| Set by DEERS if OHI information exists for Issue Date. To obtain the OHI information, a separate OHI inquiry should be done. | | | |

| | | | |
|--|---------------|--|--|
| DEERS/Medical Implementation Plan | | | |
| Business Rules: Cancel NAS | | | |
| | | | |
| Event and | Data | | |
| Data Flow | Type | | |
| | 0=Optional | | |
| | S=Situational | | |
| | R=Required | | |
| | | | |
| Cancel NAS | | | |
| | | | |
| <u>Patient Info:</u> | | | |
| Patient Identifier | R | | |
| | | | |
| <u>NAS Information:</u> | | | |
| NAS Access/Update Code | R | | |
| NAS Identifier | R | | |
| | | | |
| <i>NAS Status Code</i> | <i>N/A</i> | | |
| | | | |
| NAS Issuing Facility DMIS Identifier | R | | |
| NAS Issue Calendar Date | R | | |
| | | | |
| NAS Cancel Calendar Date | R | | |

| Business Rules | | Who Enforces the Rules | |
|--|--|------------------------|--|
| | | C=CHCS | |
| | | M=MCSC | |
| | | D=DEERS | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | D | |
| | | | |
| | | | |
| Cancel | | D | |
| | | D | |
| <i>DEERS will set the status of this field to Cancel when this transaction is performed.</i> | | D | |
| DEERS will validate this facility equals the Issuing Facility; Only the facility that issued the NAS can cancel it | | D | |
| Must match the original NAS Issue Calendar Date | | D | |
| Sent by the facility canceling the NAS; cannot be prior to the NAS Issue Calendar Date | | D | |

| | | | |
|---|---------------|--|--|
| DEERS/Medical Implementation Plan | | | |
| Business Rules: OHI Inquiry | | | |
| | | | |
| Event and | Data | | |
| Data Flow | Type | | |
| | 0=Optional | | |
| | S=Situational | | |
| | R=Required | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Inquiry Information: | | | |
| | | | |
| DEERS Identifier | S | | |
| OR | | | |
| Patient Identifier | S | | |
| | | | |
| OHI Information: | | | |
| OHI Inquiry Begin Calendar Date | S | | |
| OHI Inquiry End Calendar Date | S | | |
| OR | | | |
| OHI Carrier Identifier | S | | |
| OHI Policy Identifier | S | | |
| OHI Coverage Indicator Code | S | | |
| | | | |
| OHI Inquiry Response: | | | |
| | | | |
| DEERS Identifier | | | |
| OR | | | |
| Patient Identifier | | | |
| | | | |
| OHI Carrier Identifier | | | |
| OHI Policy Identifier | | | |
| OHI Last Update System Name | | | |
| OHI Last Update Date | | | |
| OHI Policyholder Person Association Reason Code | | | |
| OHI Policyholder Last Name | | | |
| OHI Policyholder First Name | | | |
| OHI Policyholder Middle Name | | | |
| OHI Policyholder Identifier | | | |
| OHI Effective Calendar Date | | | |
| OHI Expiration Calendar Date | | | |
| OHI Medical Coverage Indicator Code | | | |
| OHI Dental Coverage Indicator Code | | | |
| OHI Inpatient Hospital Coverage Indicator Code | | | |
| OHI Outpatient Hospital Coverage Indicator Code | | | |
| OHI Long Term Care Coverage Indicator Code | | | |
| OHI Pharmacy Coverage Indicator Code | | | |
| OHI Mental Health Coverage Indicator Code | | | |
| OHI Vision Coverage Indicator Code | | | |
| OHI Group Plan Name | | | |
| OHI Group Plan Identifier | | | |

| | | | |
|--|---------------|--|--|
| DEERS/Medical Implementation Plan | | | |
| Business Rules: OHI Inquiry | | | |
| | | | |
| Event and | Data | | |
| Data Flow | Type | | |
| | 0=Optional | | |
| | S=Situational | | |
| | R=Required | | |
| OHI Group Employer Name | | | |
| OHI Group Employer Mailing Address Line 1 Text | | | |
| OHI Group Employer Mailing Address Line 2 Text | | | |
| OHI Group Employer Mailing Address City Name | | | |
| OHI Group Employer Mailing Address State Code | | | |

| Business Rules | Who Enforces the Rules | |
|--|------------------------|--|
| | C=CHCS | |
| | M=MCSC | |
| | D=DEERS | |
| | | |
| Other Health Insurance (OHI) identifies non-DoD health insurance. | | |
| OHI transactions allow adding, updating, or viewing all OHI information. | | |
| OHI updates can accompany enrollments or be performed alone. | | |
| | | |
| | | |
| | | |
| | | |
| Required for updates if the Patient ID is not used. | C,D | |
| | | |
| Required for update if DEERS ID is not used. | C,D | |
| | | |
| | | |
| Required to inquire on OHI policies within a date range. | C,D | |
| Required to inquire on OHI policies within a date range. | C,D | |
| | | |
| Required to inquire on a specific OHI policy. | C,D | |
| Required to inquire on a specific OHI policy. | C,D | |
| Required to inquire on a specific OHI policy. | C,D | |
| | | |
| | | |
| If the DEERS Id is sent to DEERS, the DEERS Id will be returned. | C,D | |
| | | |
| If the Patient Id is sent to DEERS, the Patient Id will be returned. | C,D | |
| | | |
| | | |
| | | |
| Derived by DEERS from the message | D | |
| Derived by DEERS from the message | D | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Returned if this coverage is provided by this OHI policy | | |
| Returned if this coverage is provided by this OHI policy | | |
| Returned if this coverage is provided by this OHI policy | | |
| Returned if this coverage is provided by this OHI policy | | |
| Returned if this coverage is provided by this OHI policy | | |
| Returned if this coverage is provided by this OHI policy | | |
| Returned if this coverage is provided by this OHI policy | | |
| Returned if this coverage is provided by this OHI policy | | |
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| Business Rules | Who Enforces the Rules | |
| | C=CHCS | |
| | M=MCSC | |
| | D=DEERS | |
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|---|---------------|--|--|
| DEERS/Medical Implementation Plan | | | |
| Business Rules: OHI Update | | | |
| | | | |
| Event and | Data | | |
| Data Flow | Type | | |
| | 0=Optional | | |
| | S=Situational | | |
| | R=Required | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Insured Information: | | | |
| | | | |
| DEERS Identifier | S | | |
| OR | | | |
| Patient Identifier | S | | |
| | | | |
| OHI Update Information: | | | |
| OHI Access/Update Code | R | | |
| | | | |
| OHI Carrier Identifier | R | | |
| OHI Policy Identifier | R | | |
| OHI Policyholder Person Association Reason Code | R | | |
| OHI Policyholder Last Name | R | | |
| OHI Policyholder First Name | R | | |
| OHI Policyholder Middle Name | O | | |
| | | | |
| OHI Policyholder Identifier | S | | |
| | | | |
| OHI Effective Calendar Date | R | | |
| OHI Expiration Calendar Date | R | | |
| | | | |
| OHI Medical Coverage Indicator Code | S | | |
| | | | |
| OHI Dental Coverage Indicator Code | S | | |
| | | | |
| OHI Inpatient Hospital Coverage Indicator Code | S | | |
| | | | |
| OHI Outpatient Hospital Coverage Indicator Code | S | | |
| | | | |
| OHI Long Term Care Coverage Indicator Code | S | | |
| | | | |
| OHI Pharmacy Coverage Indicator Code | S | | |
| | | | |
| OHI Mental Health Coverage Indicator Code | S | | |
| | | | |
| OHI Vision Coverage Indicator Code | S | | |
| OHI Group Plan Name | O | | |
| OHI Group Plan Identifier | O | | |
| OHI Group Employer Name | O | | |
| OHI Group Employer Mailing Address Line 1 Text | O | | |

| | | |
|---|---------------|--|
| DEERS/Medical Implementation Plan | | |
| Business Rules: OHI Update | | |
| | | |
| Event and | Data | |
| Data Flow | Type | |
| | 0=Optional | |
| | S=Situational | |
| | R=Required | |
| OHI Group Employer Mailing Address Line 2 Text | O | |
| OHI Group Employer Mailing Address City Name | O | |
| OHI Group Employer Mailing Address State Code | O | |
| OHI Group Employer Mailing Address Country Code | O | |
| OHI Group Employer Mailing Address Postal Region ZIP Code | O | |
| OHI Group Employer Mailing Address Postal Region ZIP Extension Code | O | |
| OHI Group Employer Telephone Number Code | O | |

| Business Rules | Who Enforces the Rules | |
|---|------------------------|--|
| | C=CHCS | |
| | M=MCSC | |
| | D=DEERS | |
| | | |
| Other Health Insurance (OHI) identifies non-DoD health insurance. | | |
| OHI transactions allow adding, updating, or viewing all OHI information. | | |
| OHI updates can accompany enrollments or be performed alone. | | |
| | | |
| | | |
| | | |
| Required for updates if the Patient ID is not used. | D | |
| | | |
| Required for update if DEERS ID is not used. | D | |
| | | |
| | | |
| | D | |
| ADD: Required to Add a new OHI policy; | | |
| UPDATE: Sent to identify an OHI policy and cannot be updated; Validated with the Standard Insurance Table (SIT) | D | |
| ADD: Required to Add a new OHI policy; | | |
| UPDATE: Sent to identify an existing OHI policy and cannot be updated | D | |
| | | |
| | C,M | |
| | C,M | |
| | C,M | |
| Recommended if known for the policyholder; may be different from the DEERS beneficiary | C,M | |
| ADD: Required to Add a new OHI policy; | | |
| UPDATE: Sent to identify an existing OHI policy and cannot be updated | D | |
| Required to Add a new OHI policy and may be updated | D | |
| At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy | C,M,D | |
| At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy | C,M,D | |
| At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy | C,M,D | |
| At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy | C,M,D | |
| At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy | C,M,D | |
| At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy | C,M,D | |
| At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy | C,M,D | |
| At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy | C,M,D | |
| | C,M | |
| | C,M | |
| | C,M | |
| | C,M | |

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|-----------------------|-----------------------------------|--|
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| | | |
| | | |
| Business Rules | Who Enforces the Rules | |
| | C=CHCS | |
| | M=MCSC | |
| | D=DEERS | |
| | C,M | |
| | C,M | |
| | C,M | |
| | C,M | |
| | C,M | |
| | C,M | |
| | C,M | |

| | | | |
|--|--|----------------------|--|
| DEERS/Medical Implementation Plan | | | |
| Business Rules: OHI Cancel | | | |
| | | | |
| Event and Data Flow | | Data Type | |
| | | 0=Optional | |
| | | S=Situational | |
| | | R=Required | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Insured Information: | | | |
| | | | |
| DEERS Identifier | | R | |
| OR | | | |
| Patient Identifier | | R | |
| | | | |
| OHI Cancel Information: | | | |
| | | | |
| OHI Carrier Identifier | | R | |
| | | | |
| OHI Policy Identifier | | R | |
| OHI Effective Calendar Date | | R | |
| OHI Expiration Calendar Date | | R | |
| OHI Action Code | | R | |
| | | | |

| Business Rules | Who Enforces the Rules | |
|--|------------------------|--|
| | C=CHCS | |
| | M=MCSC | |
| | D=DEERS | |
| | | |
| Other Health Insurance (OHI) identifies non-DoD health insurance. | | |
| An OHI policy can be cancelled if the OHI should not have been added to the person. | | |
| OHI updates are used to correct data on an existing OHI policy. | | |
| | | |
| | | |
| | | |
| Required for updates if the Patient ID is not used. | D | |
| | | |
| Required for update if DEERS ID is not used. | D | |
| | | |
| | | |
| Required to identify the OHI policy being cancelled. Validated with the Standard Insurance Table (SIT) | C, M, D | |
| Required to identify the OHI policy being cancelled. Validated with the Standard Insurance Table (SIT) | C, M, D | |
| Required to identify the OHI policy being cancelled. | C, M, D | |
| Required to identify the OHI policy being cancelled. | C, M, D | |
| Required to identify the OHI policy being cancelled. | C,M,D | |
| | | |

| | | | |
|---|--|------------------|--|
| DEERS/Medical Implementation Plan | | | |
| Business Rules: SIT Inquiry | | | |
| Event and Data Flow | | Data Type | |
| | | 0=Optional | |
| | | S=Situational | |
| | | R=Required | |
| | | | |
| | | | |
| | | | |
| Inquiry Information: | | | |
| | | | |
| SIT Carrier Identifier | | S | |
| OR | | | |
| Insurance Company Name | | S | |
| insurance Company State | | S | |
| AND | | | |
| SIT Access/Update Type Code | | S | |
| | | | |
| SIT Inquiry Response: | | | |
| <u>SIT Information:</u> | | | |
| SIT Carrier Identifier | | | |
| SIT Plan Name | | | |
| SIT Plan Mailing Address Line 1 Text | | | |
| SIT Plan Mailing Address Line 2 Text | | | |
| SIT Plan Mailing Address City Name | | | |
| SIT Plan Mailing Address State Code | | | |
| SIT Plan Mailing Address Postal Region Zip Code | | | |
| SIT Plan Mailing Address Postal Region Zip Extension Code | | | |
| SIT Plan Telephone Number Code | | | |
| SIT Plan Fax Telephone Number Code | | | |

| | | |
|---|---------------|--|
| DEERS/Medical Implementation Plan | | |
| Business Rules: SIT Update | | |
| | | |
| Event and | Data | |
| Data Flow | Type | |
| | 0=Optional | |
| | S=Situational | |
| | R=Required | |
| | | |
| | | |
| | | |
| | | |
| SIT Update: | | |
| <u>SIT Identifying Information:</u> | | |
| SIT Carrier Identifier | S | |
| OR | | |
| DEERS Temporary Carrier Identifier | S | |
| AND | | |
| SIT Access/Update Type Code | R | |
| | | |
| <u>SIT Information:</u> | | |
| SIT Plan Name | R | |
| | | |
| SIT Plan Mailing Address Line 1 Text | S | |
| | | |
| SIT Plan Mailing Address Line 2 Text | S | |
| | | |
| SIT Plan Mailing Address City Name | S | |
| | | |
| SIT Plan Mailing Address State Code | S | |
| | | |
| SIT Plan Mailing Address Country Code | S | |
| | | |
| SIT Plan Mailing Address Postal Region Zip Code | S | |
| | | |
| SIT Plan Mailing Address Postal Region Zip Extension Code | S | |
| | | |
| SIT Plan Telephone Number Code | S | |

| | | |
|--|---------------|---|
| DEERS/Medical Implementation Plan | | |
| Business Rules: SIT Update | | |
| | | |
| Event and | Data | |
| Data Flow | Type | |
| | 0=Optional | |
| | S=Situational | |
| | R=Required | |
| SIT Plan Fax Telephone Number Code | | S |

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| Business Rules | Who Enforces the Rules | |
| | C=CHCS | |
| | M=MCSC | |
| | D=DEERS | |
| The Standard Insurance Table (SIT) is maintained in DEERS by the DoD SIT validation agency. | | |
| A copy of the SIT is maintained locally by user sites. There are two actions that can be taken: an inquiry to verify a carrier for assignment of an OHI policy to a person, or to report an update to SIT information for validation by the DoD SIT validation agency. | | |
| | | |
| | | |
| Carrier Id is obtained from an inquiry to the local SIT - if the Carrier is not resident on the SIT DEERS will provide the DEERS Temporary Carrier Id. | C,D | |
| | | |
| Required if the Carrier is being added or updated and has not been validated by the DoD SIT validation agency. | C,D | |
| | | |
| | D | |
| | | |
| | | |
| | C,D | |
| ADD: Required to Add a new Carrier to the SIT UPDATE: Sent if it is part of the data being updated for a Carrier in the SIT | C,D | |
| ADD: Required to Add a new Carrier to the SIT UPDATE: Sent if it is part of the data being updated for a Carrier in the SIT | C,D | |
| ADD: Required to Add a new Carrier to the SIT UPDATE: Sent if it is part of the data being updated for a Carrier in the SIT | C,D | |
| ADD: Required to Add a new Carrier to the SIT UPDATE: Sent if it is part of the data being updated for a Carrier in the SIT | C,D | |
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| Business Rules | Who Enforces the Rules | |
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| ADD: Required to Add a new Carrier to the SIT UPDATE: Sent if it is part of the data being updated for a Carrier in the SIT | C,D | |